

State Form 4606 (R9 /11-99)
Indiana Election Commission (IC 3-9-5-14)
Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? LYES No

(CFA-4) Summary Sheet

FILENUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFO	RMATION		
1. Full name of committee (as on Statement of Organization)		material tempines viscolven	LE WHERE Seter the
2. Acronym or abbreviated name, if any	3. Committee tale	reas summer	
2. Acconym or appreviated name, if any	(3/7)	691-1936	
4. Mailing address (address where all campaign finance correspondence is received)	Check if this is a new ac		- TOTAL CONTROL OF A POINT
5 City state 719 code	6. Party affiliation	(if applicable)	1.1
NOBLESVILLE, IN, 46060		EPUBLIC	AN
CANDIDATE INFORMATION (For Car			
7. Full name of candidate (include any nickname)  JAMES R. SNYDER	8. Party affiliation	REPUBLI	CAN
Office sought (Include district number, if any. Not required for exploratory committee.)  NOBLES VILLE COMMON COUNCIL AT LARGE	10. County of resi	AMILTON	A STATE OF THE TAXABLE MADE
TYPEOFREPORT			CANDIDATES ONLY
1. Check one:		Check one:	
Pre-Primary Pre-Election Annual Final / Disbands Committee (lines 18, 19,	and 20 must be "2",	Pre-Convention	
Outgoing Treasurer (within 10 days amend Statement of Organization)	weether word a di	Post-Convention	this sources, unless says
12. Reporting period:  From: 1-1-02 Through: [2-31-0]	2	COLUMN A. This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		38-71	
14. Cash on hand and investments January 1, current year.			1148.71
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash co-	ntributions.)		
15a. Itemized (use Schedule A)	his candidate's	1632,00	1632,00
15b. Unitemized	CHARLEST STATE	0	
	_		11 2 2 20
15c. Add lines 15a, and 15b in both columns	SUBTOTAL	1632,00	1632,00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	SUBTOTAL TOTAL	1670-71	1632,00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B			1632,00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B  PARENDITURES  (Note: These amounts include in-kind expenditures and loan repayments.)		1670.71	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B  (Note: These amounts include in-kind expenditures and loan recoverents.)  17a. Itemized (use Schedule 3) (Public Question: use Schedule C)			1632,00 522,00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B  EXPENDITURES  (Note: These amounts include in-kind expenditures and loan repayments.)  17a. Itemized (use Schedule 3) (Public Question: use Schedule C)  17b. Unitemized	TOTAL	522,00	522-00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B  (Note: These amounts include in-kind expenditures and loan recoverents.)  17a. Itemized (use Schedule 3) (Public Question: use Schedule C)		522.00 522.00	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B  EXPENDITURES  (Note: These amounts include in-kind expenditures and loan repayments.)  17a. Itemized (use Schedule 3) (Public Question: use Schedule C)  17b. Unitemized	SUBTOTAL	522,00	522-00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B  Colum	SUBTOTAL	522.00 522.00	522-00

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I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature on File

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class 3 Miscameaner (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)





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# (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIMIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED BY
1.	Contributions:    Direct   In-Kind (describe)	o lis to senot	e grillen bas	
Contributor's Occupation (if required)	Other Receipts:	l yno je nelier Spelatate ned spelatate ne	Enter the year mattern for or	CUPATION
	Contributions:    Direct   In-Kind (describe)	BHTO RO	FORTUSIST	400 RO 34 Suns so suns
Contributor's Occupation (if required)	Other Receipts:  Interest Loan Misc (specify)	YEAR-10-	BYTTALISMI	CUMIN A A
3.	Contributions:  Direct In-Kind (describe)	nahnalisa d	pse to stage	n feell set
Contributor's Occupation (if required)	Other Receipts:  Interest Ucan Misc (specify)	nonth, day, a nonth of a community o	no mente en L	Autoriación de caración de car
4.	Contributions:  Direct In-Kind (describe)	SCHEDUL M OF ALL PA	S PAGE OF	STUATOTE Gura is the sa
Contributor's Occupation (If required)	Other Receipts:	SCHEDUL	PAGES OF	NA ROLLAT DE no engaç V
	Contributions:    Direct   In-Kind (describe)			
ontributor's Occupation (if required)	Other Receipts: Interest Cloan Misc (specify)			
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## (CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED BY
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		Other Receipts:  Interest □ Loan  Misc (specify)	SENTO SO	MOTURE	TVATRO
2		Contributions:  □ Direct □ In-Kind (describe)	e dolas	SHI TMUS	MA A ISSUE
		Other Receipts:	0.07.843	symmia	LID B MAKE
3.	12/1/	Contributions:  Cirect In-Kind (describe)			BVEOSS
		Other Receipts:	99111111111		s cavis
4.		Cantributions:  Direct In-Kind (describe)	BLUCSHO	10 2354	11A FO 11
		Cther Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)	-		
5.		Contributions:  Direct In-Kind (describe)			
		Other Receipts:  Interest Loan Misc (specify)			
	SUR TOT	AL THIS PAGE OF SCHEDULE A	s 0		
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## (CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

#### Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED BY
	Contributions:  Direct In-Kind (describe)	no hade users	s grant to his	112.0
	Other Receipts:	audhmor A g		TANTRE
	Contributions:  Direct In-Kind (describe)	nga Prey ta 1		A A HEAL
	Other Receipts:	1-0T-RABY	BATALUM:	O E HWU
	Contributions:  Direct In-Kind (describe)	nebnalez r	bea 15 2345	VISSER S
	Other Receipts:  Interest □ Loan  Misc (specify)	A CALL COLOR		a cavia:
	Contributions:  Direct In-Kind (describs)	SCHEDULA DAGLILAROL SCHEDULAROS	FIGURE OF	UA ROJA
	Other Receipts:	E HIGH SECTION		
	Contributions:  Direct In-Kind (describe)			
	Other Receipts: Interest □ Loan Misc (specify)			
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TOTAL OF ALL PAGES OF SCHEDU		s O		
(Enter total on ITEM 15a of the Sum	nmary Sheet)	S		



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## (CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

#### Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfersion and in-kind contributions regardless of the amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Post action committee action of a particular and action of a particular action of a particu	Contributions:  Direct In-Kind (describe)	Req rese to an entiremos e en	obbe grillem bel social sentino social sentino	s emilio ilidi odi so isotiliogi a d sortopes basso
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	Other Recaipts:			

TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY

(Enter total on ITEM 15a of the Summary Sheet)



State Form 4806 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

#### (CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

#### Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Nobles ville	Contributions:  Direct In-Kind (describe)	#1/27	\$1632	4/14/02
Good Government Committee Noblesville, IN: 46060	Other Receipts:	191632	9165	Ingle
	Contributions:    Direct   In-Kind (describe)	a fie to season	e goldet bit e es lans er Lor	DET DU 66 NO DUT (EXCELLE
	Other Receipts:	ивайная в р ЗНТО ЯО	HOTUSIFTI	PORTANT
	Contributions:  Direct In-Kind (describe)	:001929	AT TKUON	A A VIMUA DESERVA
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THE RESERVE TO A STREET THE PROPERTY OF THE PR	Contributions:  Direct In-Kind (describe)	month, discussions of colors of colo	ecimos (C3	ABOSA STA
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Approved by State Board of Accounts 1999

#### (CFA-4 SCHEDULE B) Itemized Expenditures

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Page	1	of			0 10 T A	

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees). MUST be itemized on this schedule.

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
U.S. Post office Box Rental	THE REPORT REPORT FOR THE PARTY OF T	Purpose:  Pay Office  Post office  Box Rental	4800	48.00	6-1-02
us Post office Postage		Direct	14,00	(22.00	10-10-02
Tall Hat Republican Club	CHARLES AND SERVICES AND	Purpose: Support  Smant People	250.00	372.00	
Dan Stevens for Sherift	Sheriff	Purpose: Support  good candidate	75,00	447,00	
Steve Schwartz For County Council	Council	Purpose: Support  Good Candidate	75,00	522.00	
de		Direct In-Kind Payment of Dect Returned Contribution Other Purpose:		E 2000	
de		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		read to setting a financial setting and the setting a se	
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## (CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES

For Public Questions

FILE NUMBER						
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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

S TYPE OF EXPENDITURE	PURPOSE OF EXPENDITURE (be specific)	COLUMN A AMOUNT THIS	COLUMN B	DATE OF
		PERIOD	YEAR-TO-DATE	EXPENDITUR
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## (CFA-4 SCHEDULE D) Debts Owed by This Committee

	FILE NUMBER	1
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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMGUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	GUTSTANDII BALANCE TI PERIOD
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## (CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

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	FILE NUMBER	
Page	of	Total

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts, loans, regardless of amount. OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

RROWER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP cade)	MAILING ADDRESS( if any) (street, number, city state, ZIP code)	ORIGINAL AMOUNT  NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THI PERIOD
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